

Electronic Version 1.1.0 Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 1530

BANK (CREDIT) CARD INFORMATION:

Credit Card Number:

3109

Expiration Date:

20030430

Authorized Name:

LEE, HUAI-LU

Billing Address:

99999

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid		
Utility Filing Fee	101	\$ 740		

Subtotal For Basic Filing Fee: \$ 740

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid		
Total Claims: 43	103	\$ 18	23	\$ 414		
Independent Claims: 7	102	\$ 84	4	\$ 336		

Subtotal For Extra Claims Fees: \$ 750

ADDITIONAL FEES

Fee Description	Number	Quantity	Fee Code	Amount	Fee Paid
Recording Each Patent Assignment Per Property Fee	00000000	1	581	\$ 40	\$ 40

Subtotal For Additional Fees: \$ 40

Best Available Conv

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Lifective October 1, 2001													
CLAIMS AS FILED - PART I (Column 1) (Column 2)							MALL EN		OR	OTHER SMALL I			
TOTAL CLAIMS			43					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBE	NUMBER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00	
то	TAL CHARGEAE	BLE CLAIMS	43 minu	ıs 20=	* 23			X\$ 9=		OR X\$18= 4/4			
IND	EPENDENT CLA	AIMS	7 min	us 3 =	* 4			X42=	-	OR	Y04 (72)		
MU	ILTIPLE DEPENI	DENT CLAIM PF	RESENT					+140=		OR			
* If the difference in column 1 is less than zero, enter "0" in column					olumn 2		TOTAL		OR	TOTAL	1490		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						<u>.</u>	SMALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X42=		OR	X84=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	IT CLAIM		J	+140=		OR	+280=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	umn 2)	(Column 3)		ADDIT. I LE					
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NU PREV	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RATE	addi- Tional Fee		RATE	ADDI- TIONAL FEE	
MOZ	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
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L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDE	NI CLAIM		L	+140=		OR	+280=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)			umn 2)	(Column 3	3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PRE	GHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X42=		OR	X84=		
	FIRST PRESE	ENTATION OF N	NULTIPLE DE	PENDE	NT CLAIN	<u> </u>	لـ	1140-		1			
	If the entry in colu	ımn 1 is less than	the entry in col	umn 2, w	rite "0" in c	olumn 3.		+140= TOTAL		OR	TOTA	L	
	* If the "Highest Nu	imber Previously	Paid For" IN TH	IS SPAC	E is less th E is less th	ian 20, enter "2 nan 3. enter "3.	."	ADDIT. FEE		OR ox in o	ADDIT. FE	E L	